

06/07/01
1044 U.S. PTO

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Terrence P. Everson & Bryan Anderson
Docket: 00163.1410US01
Title: Compositions and Methods for Removing Silver-Oxide

CERTIFICATE UNDER 37 CFR 1.10

'Express Mail' mailing label number: EL 814837626 US

Date of Deposit: June 7, 2001

I hereby certify that this paper or fee is being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

By: _____
Name: Lisa A. Samuels

JC997 U.S. PTO
09/876294
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BOX PATENT APPLICATION

Commissioner for Patents
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

- ☒ Transmittal sheet, in duplicate, containing Certificate under 37 CFR 1.10.
☒ Utility Patent Application: Spec. 13 pgs; 20 claims; Abstract 1 pgs.
The fee has been calculated as shown below in the "Claims as Filed" table.
☐ Design Patent Application: Spec. pgs.
☐ sheets of formal drawings
☐ Certified copy of a application, Serial No. , filed , the right of priority of which is claimed under 35 U.S.C. 119
☐ Small entity status is claimed pursuant to 37 CFR 1.27
☐ Nonpublication Request under 37 CFR 1.213(a)
☒ A signed Combined Declaration and Power of Attorney
☐ An unsigned Combined Declaration and Power of Attorney
☒ Assignment of the invention to Ecolab, Inc., Recordation Form Cover Sheet ✓
☒ A check in the amount of \$710.00 to cover the Filing Fee
☒ A check for \$40.00 to cover the Assignment Recording Fee.
☐ Computer readable form of . Applicants state that the paper copy form of the section of the present application, and the computer readable form submitted herewith, are the same.
☐ Other:
☒ Return postcard

CLAIMS AS FILED

| Number of Claims Filed | | In Excess of: | | Number Extra | | Rate | | Fee |
|------------------------------|---|---------------|---|--------------|---|-------|---|----------|
| Basic Filing Fee | | | | | | | | \$710.00 |
| Total Claims | | | | | | | | |
| 20 | - | 20 | = | 0 | x | 18.00 | = | \$0.00 |
| Independent Claims | | | | | | | | |
| 3 | - | 3 | = | 0 | x | 80.00 | = | \$0.00 |
| MULTIPLE DEPENDENT CLAIM FEE | | | | | | | | \$0.00 |
| TOTAL FILING FEE | | | | | | | | \$710.00 |

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

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